## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023301 (0)

RU RU INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

## FILED May 11 1998 8:00am Secretary of State



4922 WATERVISTA DR ORLANDO FL 32821		4922 WATERVISTA DR ORLANDO FL 32821			DO NOT WORTE IN THE	00405	
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
					03/11/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		<b>├</b> 1	26		59-3376471	<del></del>	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional
22		27	27		5. Certificate of Status Desired	•	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip Country		Zip	Country	/	8. This corporation owes or has paid the ci	_ ′ -	<u></u> 0
24	25		30				No
		Current Registered Agent	81	Nome	10. Name and Address of New Registered	Agent	
	OUR, WALEED K		*'	Name			
	22 WATERVISTA DR		82	Street	Address (P.O. Box Number is Not Acceptable)		
0	RLANDO FL 32821		83	<del> </del>		<del></del> -	
			63	1			
			84	City	FI	<b>85</b> Zip	Code
11 Pureuent	to the provisions of Sections	607 0502 and 607 1508. Florida Statuto	s the abov	e-named	corporation submits this statement for the purpose	of changing i	its registered
office or i	registered agent, or both, in the	he State of Florida. Such change was as	uthorized b	y the con	poration's board of directors. I hereby accept the ap	pointment as	s registered
	ım t <b>a</b> mınar wiin, and accept u	ne obligations of, Section 607,0505, Flor	на мание	S.			
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if applicable (NOTE:	Registered Ag	ent signature	required when reinstating) DATE	<del></del>	
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	R\$ IN 12
TITLE	P	DELETE	1.1 TITLE		Dr.Kassem N A Nour Pre	Change	Addition
NAME	MOUR, AIL N KASSEN		1.2 NAME			sideni	Ģ
STREET ADDRESS	4922 WATERVISTA DE		1.3 STREET	ADDRESS	4922 Watervista drive		
CITY-ST-ZIP	-ORCANDO FL	~	1.4 CITY-5	ST-ZIP	Orlando, F132821		
TITLE		DFLETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELĒTE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	j			
STREET ADDRESS			4.3 \$18EE1	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST - ZIP		· —	
TITLE		☐ DELETE	5.1 TITLE			L Change	☐ Addition
NAME			5.2 NAME	j			
STREET ADDRESS			5.3 STREET	ADDRESS			"
CITY-ST-ZIP			5.4 C/TY - 5	31 - ZIP		<del></del>	- T-4
TITLE	:	☐ DELETE	61 THILE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS							
OTHER ADDRESS			6.3 STREET	ADDRESS			

• I nerepy coriny that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 23 if changed, or or an attachment with an address.

SIGNATURE

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DA Names Nout

Proilet 4/201

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